

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039769

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No. _____

Registrar's No. 130Registration District No. 290

Primary Registration District No. _____

Registrar's No. 130

1. PLACE OF DEATH

a. COUNTY

PULASKIb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WAYNESVILLELength of stay in 1b
2 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BAKER HOTELInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

PULASKIc. CITY
OR TOWN WAYNESVILLEInside Limits
Yes ☒ No ☐d. STREET
ADDRESS BAKER HOTELReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LAWRENCE- HOLT

4. DATE OF DEATH

Month

Day

Year

Nov51962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

MAY-18-1898

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABOR

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

NEWBORG MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Elec Holt

13b. MOTHER'S MAIDEN NAME

Josephine Turner

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

-

17. INFORMANT

J

Address

-

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Starting hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

6 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

gastroenteritis

DUE TO (c)

-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ N.☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from last year to Nov. 5-62 and last saw him alive on Nov. 5-62Death occurred at 10 W. MC on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. E. J. McKel-

22b. ADDRESS

WAYNESVILLE, MO

22c. DATE SIGNED

11-8-1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11-9-1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Cemetery

23d. LOCATION (City, town, or county)

Waynesville

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

2102 S. Waynesville, MO

25. DATE RECD. BY LOCAL REG.

11-8-62

26. REGISTRAR'S SIGNATURE

Constance L. Underwood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, NC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit Renewed 11/8/62